

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Township.....

City St. LouisRegistration District No. ELB 8 1937Primary Registration District No. 791(No. 1003 St. Anthony Hospital)File No. 3979Registered No. 1020

St. Ward)

## 2. FULL NAME

(a) Residence, No. Tecla Oldeg 4305 Virginia Avenue St. 15 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27. 1894.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>42</u>	<u>--</u>	<u>--</u>	<u>24</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>262</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)13. NAME Henry Oldeg14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Clara Busch16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)17. INFORMANT Flora Oldeg (ADDRESS) 4305 Virginia Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan. 25. 193719. UNDERTAKER J. H. Breen & Co. (ADDRESS) 2842 Leramec Street20. FILED Jan 29 1937 19. J. T. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1937, to Jan 27, 1937I last saw him alive on Jan 20, 1937 Death is saidto have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Broncho Pneumonia Date of onset Jan 8-37

Other contributory causes of importance:

Junior spinal cord 1929(Cervical) was operated8 yrs. ago and been held fast everName of operation Spinal Date of operation Jan 8-37What test confirmed diagnosis? X-Ray chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Robert Swanner M. D.(Address) 1020 Paul Brown Bldg

